

City of Shavano Park



INSTRUCTIONS FOR RESIDENTIAL BUILDING PERMIT APPLICATION

This application can only be accepted if the submitter is registered with Civil Systems. To register please visit their website at www.civil-systems.org, or call 1-877-552-4845.

The following information **MUST** be submitted with this application:

- Completed, signed and dated, Residential Building Permit Application.
- Bid proposal.
- Home Owner's Association (HOA) – Architectural Board Letter of approval (if applicable).
- Two (2) complete bound & sealed copies of correctly addressed plans, including Plat plans
- One (1) digital copy of plans.
- A plot plan to scale showing the proposed structure in relation to the property lines and building setback lines
- Existing structures including roads, paved areas & septic systems
- Routing of water lines and sewer lines if connecting to the San Antonio Water System (SAWS)
- Two foot contour lines showing 100 year flood plain if applicable
- Show utility easements
- Arrows indicating direction of natural drainage flow across the property and street facings
- Prints or drawings to scale giving exterior elevations (front, rear and sides); floor plans, electrical, wall section and foundation plans and applicable construction details, specifications and notes shall be included.
- A current, complete and signed three-part RES Check
- A statement of proposed use or intended purpose should accompany plans for construction of any building or structure.
- A statement from the builder, lender and/or a budget schedule detailing the actual cost of construction.

All slabs are to be engineered. An Engineering letter or Foundation letter must be received in our office between the time the slab is poured and before the framing takes place. The structural engineer needs to sign off on all plans as the engineer.

Plan reviews for new residential permits may take up to 10 business days.

*****ALL CONTRACTOR'S MUST USE REPUBLIC WASTE DUMPSTER SERVICES**

.....Incomplete plans will NOT be reviewed.....

City of Shavano Park

Residential Building Permit Application

The following **MUST** be submitted with this application. 1 Digital copy & 2 complete "bound" sets of plans, bid proposal, RES Check, HOA-Architectural Board Letter of Approval (if applicable).

JOB SITE ADDRESS: _____

OWNER: _____

COMPANY/CONTRACTOR NAME: _____

CONTACT FOR PROJECT: _____

CONTRACTOR ADDRESS: _____

OFFICE: () _____ Cell: () _____ Email: _____

BUILDING INFORMATION:

ENGINEER: _____ Phone: _____

DESIGNER: _____ Phone: _____

Building Type: New Remodel Addition Demolition Septic: Other _____

Sq. Footage: _____ Living area _____ Porches _____ Garage _____ Patio _____

Other Type(s) of Construction: (One-Application per job)

- Plumbing Electrical Mechanical Garage Fencing/Walls
 Patio/Deck Roofing Pool/Spa Irrigation Septic Dig Test-DIAL 811

Valuation of Work: \$ _____

DESCRIPTION OF WORK:

Does Homeowner Association require Architectural Board of Approval? ___ N/A; ___ Yes; ___ No.

Date of application: _____ Signature: _____

FOR OFFICE USE ONLY

Approved/Denied by: Building Inspector: _____ Date: _____

Application Approved/Denied by: City Manager: _____ Date: _____

Reason for Denial: _____

***NOTE: FAILURE TO OBTAIN A PERMIT PRIOR TO CONSTRUCTION WILL RESULT IN A DOUBLE PERMIT FEE.**

****PLAN REVIEW FOR NEW CONSTRUCTION MAY TAKE 10 BUSINESS DAYS.**

*****ALL CONTRACTOR'S MUST USE REPUBLIC WASTE DUMPSTER SERVICES.**

Revised 03/20/18mk



City of Shavano Park

APPLICATION FOR ON-SITE SEWAGE FACILITY

NEW CONSTRUCTION

36

TCEQ REGION NUMBER

BEXAR

COUNTY OF INSTALLATION

Permit #
Date
Permit Fee

1 PROPERTY OWNER'S NAME: _____
 (Last) (First) (Middle)

2 CURRENT MAILING ADDRESS _____

3 DAYTIME TELEPHONE NO: _____

4 SITE ADDRESS: _____

5 LEGAL DESCRIPTION: Sec. _____ Block _____ Lot _____ Plat Date _____

SUBDIVISION: _____

OTHER THAN SUBDIVISION: Acreage: _____ Survey Name: _____
 Abstract Name/No. _____

6 SOURCE OF WATER: Private Well Public Water Supply _____
 (Name of Supplier)

7 SINGLE FAMILY RESIDENCE: No. of Bedrooms _____ Living Area (ft²) _____

8 COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: _____

NO OF EMPLOYEES/OCCUPANTS/UNITS: _____ DAYS OCCUPIED PER WEEK: _____

9 SITE EVALUATOR: _____ LICENSE NO: _____

PHONE NO.: _____

10 DESIGNER: _____ LICENSE NO. (PE OR RS) _____

11 INSTALLER: _____ LICENSE NO.: _____

PHONE NO.: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the City of Shavano Park to enter upon the above described property for the purpose of soil/site evaluation and investigation of an on-site sewage facility.

If you have any questions on how to fill out this form or about the on-site sewage facility program, please contact us at (210-492-2841). Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at: (210) 492-2841.

12 _____ (Signature of Owner) _____ (Date)



City of Shavano Park
ON - SITE SEWAGE FACILITY
TECHNICAL INFORMATION FOR PERMIT

PERMIT #: _____

**DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL
UNAUTHORIZED CONSTRUCTION CAN RESULT IN CIVIL AND/OR ADMINISTRATIVE PENALTIES**

OWNER'S NAME: _____ COUNTY: _____

Professional design required: Yes No If yes, professional design attached: Yes No

I SEWER (House drain):

Type and size of pipe: _____ Slope of sewer pipe to tank: _____

II DAILY WASTEWATER USAGE RATE: Q = _____ (gallons/day)

WATER SAVING DEVICES: Yes No

III TREATMENT UNIT: Septic Tank Aerobic Unit

- A. Tank Dimensions _____
- Size Required: _____
- Manufacturer: _____
- Pretreatment Tank: Yes No Size: _____ (gal)
- Liquid Depth (Bottom of tank to outlet): _____
- Size proposed: _____
- Material/Model #: _____
- No N/A

B. OTHER: _____
(Please attach description)

IV DISPOSAL SYSTEM:

TYPE: _____

• AREA REQUIRED: _____ • AREA PROPOSED: _____

V ADDITIONAL INFORMATION:

NOTE - THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED.

A. SOIL/SITE EVALUATION

B. PLANNING MATERIALS

The attached checklist details those items that must be addressed under each of these categories.

DESIGNER'S SIGNATURE

LICENSE NO.

DATE